

To,

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Nirman Bhavan, Ministry of Health and Family Welfare, Government of India, New Delhi,110001

Sub: Affected Community Demands a National 3HP roll out in India without further delay.

Dear

Shri. Alok Saxena and all

On the eve of World TB day 2022, and with only 3 years remaining for India to achieve its ambitious target of TB elimination, the ARK Foundation, Nagaland expresses its sheer disappointment to state that the country is nowhere on the track to achieving it.

Structural and programmatic barriers such as the lack of counseling, non-availability of proper diagnostic facilities and treatment drugs for Multi-drug resistant (MDR) TB, non-release of monthly nutritional support on time, and the systemic discrimination of the affected community are some of the highlighted causes that affect progress towards the elimination targets.

TB is preventable and treatable, and India has committed to eliminating TB by 2025, which is 5 years ahead of the Global Target. In 2018, Global world leaders demonstrated their political will by committing to a five-year target of providing Tuberculosis Prevention Therapy to 30 Million people around the world. However, in India, the expected progress on this has not been made. Thus observing a poor partnership between the program and the affected community, we have initiated a community feedback mechanism from January 2022 *“to assess, identify and report”*

on TPT, in five states of North East India namely, Mizoram, Nagaland, Sikkim, and Manipur State. This community feedback mechanism targeted the PLHIV community, as they have a much higher rate of 25% risk of progressing from Latent Tuberculosis infection (LTBI) to active TB, was necessitated out of the failure in the only Isoniazid Prevention Therapy (IPT) based TPT strategy available in the country, and also more importantly because of the research-proven and the WHO's recommendation of a newer strategy in the form of 3HP in its 2020 consolidated guidelines on TB. The 3HP has been recommended as a preferred option to IPT, due to its nature of being a shorter regimen, lesser pill burden, better efficacy, less hepatotoxicity, and better treatment completion rate in treating LTBI.

However, we are disappointed about the delay in rolling 3HP out nationally by the Central TB Division and the National AIDS Control Organization for the key populations, and also including the low ceiling of the PEPFAR Target with only 56,495 TPT patient courses, despite 3HP being the PEPFAR's preferred TPT regimen, in its next funding cycle 2023, in India.

To appraise our preliminary report of the Community feedback mechanism derived which commenced from January 2022 till the 17 of March 2022 and is ongoing, 91 PLHIV participated in the exercise from these five states. The responses highlighted the gaps in the existing IPT program and also clearly indicated the high demand for 3HP among the respondents. Some of the reports generated mentioned that 73.6% of PLHIV who participated in the exercise had not heard of LTBI, 70.3% were not aware of TPT, While 82.4% have not heard of 3HP.

It was only after making them aware of 3HP, 79.1% of the total respondents reported preferring 3HP to IPT. Despite 64.8% reported of taken IPT already, the remaining 35.2 % cited reasons like "nobody informed me (47.2%), fear of resistance, distance factor, fear of side effects, pill burden, fear of stock out, and other reasons", thus indicating the lack of TPT treatment education programs. Among those who started on IPT, 48.6% reported not being screened by the service providers on the 4S (Symptoms complex of current cough, fever, weight loss, or night sweats), and 15.5% did not complete their 6 months course. 55.6% reported of not receiving any pre and post counseling sessions.

On the supply of Pyridoxine VB6 to address the side effects of INH, 32.4% reported not being provided the Vitamin by the program while 7% reported having to buy it themselves. 80.6% reported having to collect their INH dose every month, 17% reported of getting the complete 6 months course on day one, while the remaining had to collect it quarterly. While 4.6% reported being denied INH, 6.2% were denied VB6 due to shortages and stock outs of these medicines in the past. As a result of the lack of VB6, 26.9% of the IPT Client reported side effects during and post the 6 months treatment course. All these could well be the reason why 15.5% of the PLHIV community did not complete their 6 Months IPT course.

On the larger perspective of TPT education and its need among the affected community, 81.3% reported not attended any TB meetings/training. However, 57.1% opined the need for Treatment literary Workshops and expressed interest to attend if conducted, while 16.5% responded in

negative and 26.4 responded “maybe”. 84.6% responded to the need of the PLHIV community needing more awareness on TB and its prevention. And 70.3% demanded the need for all PLHIV to get treated for LTBI under the National/State Program. All these community feedback analyses indicate a huge gap in the TPT program in India.

It may be mentioned that the affected community group comprising of PLHIV and Drug Users Network also has in the past, on several occasions written to the CTD-NTEP and NACO-NACP to revitalize IPT and also to introduce 3HP for PLHIVs, but the bureaucracy at the national level did not have the audacity or the courtesy to consider such request, and demands of the affected community felt on deaf ears. The CTD/NACO choosing to remain a silent spectator is not helping the program in any manner.

An RTI response received by ARK Foundation vide the RTI Application dated 26th April 2021, from the CTD on the 3rd August 2021, stated that the 3rd Meeting of National Technical Working Group (NTWG) on LTBI held in May 2020, reviewed and agreed to the new WHO-recommended TPT options, formulations, dosages and have recommended considering the use of shorter regimens for TPT in PLHIV. Accordingly, the NTEP had updated its TPT guidelines in line with the WHO recommendations, and to consider 3HP for PLHIV. The former DDG- CTD also in the meeting mentioned the 29,212 courses of 3HP by WHO to fast-track the availability of Rifapentine under the program, noting that 6H, 3HP, and 3RH are doable. However, India is yet to see any developments on the progress made.

To this, the ARK Foundation upon questioning the credentials, credibility and commitment of the competent authorities, once again put forth the demand to immediately launch a National 3HP program for all key populations without further delay. Affected communities should no longer be denied the right to equitable access to Short-Course TPT, and everyone who needs it must be prioritized and have access to TPT treatment.

“Everyone has the right to benefit from latest scientific evidence-based developments”.

Respectfully Submitted:

Ketho Angami
ARK Foundation, Nagaland.

Date: 23/03/2022